

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN8501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARTSVILLE CONVALESCENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>649 MCMURRY BLVD HARTSVILLE, TN 37074</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments  A licensure survey and complaint investigation #TN00050103 were completed on 1/15/2020 at Hartsville Convalescent Center. Deficiencies were cited related to the licensure survey and no deficiencies were cited related to the complaint investigation #TN00050103 Chapter 1200-8-6, Standards for Nursing Homes.	N 000		
N 600 SS=F	1200-08-06-.06 Basic Services  This Rule is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to have emergency water stored on site.  The findings include:  Facility policy review, Hartsville Health and Rehab POLICY, Emergency Water Provision, dated 1/2020, revealed "...Facility will keep on hand two (2) gallons of potable water at the facility for every resident in the event of an emergency, or loss of water supply...The water's expiration date will be monitored by the Dietary Manager..."  Observation on 1/15/2020 at 2:58 PM in the water storage room with the Administrator and the Dietary Manager revealed 80 gallons of water expired on 11/8/19. The Administrator confirmed the emergency water had expired and the facility did not replace it.	N 600		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE